MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERVL NO.				FILING DATE		
-				 	1									
	AS	ATT	AFTER 18T		AFTER 2HD AMENDMENT		<u> </u>	r F				F		
<u> </u>	SKD.	DEP	MD MD	Der	BND CHE	DEP	1 .		IND	DEP	MD	DEP	BKD.	DEP
1	1				1		1	- 51						-
2		1]	52						
3			1					53						
1		1	ļ	 		↓	4	54	!		ļ		 	
5	 				 		-∤ ·	55	 	<u>-</u>	 	ļ	 	ļ
			1	 	 			56	 		├ ──	ļ		
7	1-	/	 		 	 	-	57	 		 	 	 	
-	 / 		 		 			58			 -	-	 	
10		7	 	 	 		1	59 60	 		 	 	 	
11	+		 				1	61						
12			1				1	62				 	 	
13							1	63						
14]	64						
15]	65						
16							1 1	66						
17]	67						
18					ļ		ł i	68						
19	 		 		ļi			69						
20			 					70						
21								71						
22	 						1 1	72						
24								74						
25							1 1	75						
26				-		-		76						
27								77						
28								78						
29	1						1	79						
30								80						
31								81						
32						-	 	82						
33							ŀ	83						
34 35	 						ŀ	84 . 85						
36							 	86						
37							· •	87						
38							ı	88						
39							Ī	89						
40							[90						A
41								91						
42		I						92						
43							Ĺ	93						
44							ļ_	94						
45							Į.	95						
46							F	96						
47						{	-	97		-,-			-+	
48							-	98		· ·				
50								100	 - -	 				
		. 		. +			·			. +		. 		
OTAL IND.		1 1		.h		1 1		OTAL HD.		1 -		1 -		1 1
							<u>[</u>	EP.	-					-V
OTAL CLAMS	550			<i>7</i> 1,1,1	ļķ.	NEW YEAR		EP. OTAL LAMS	19	CALL.		N. 45	1	